meela is the native remedy among the Aborigines; but in a letter to the *Pharmaceutical Journal*, Mr. Callaway states, that from experience they have learned already to put much more confidence in "the white man's dose." The latter consisted of turpentine and castor oil, the time-honoured remedy among ourselves. We are not able from Dr. Peacock's cases, to institute any comparison between turpentine and the fern oil, and can only state that we believe he is supported by several other hospital physicians who have given much attention to this matter, in maintaining that the latter ought to stand *facile princeps* among our anthelmintic drugs.

As regards the economics of the question, which are important in hospital and and Union practice, it will, of course, be easily granted that all things considered the most efficient remedy will probably in the end prove the cheapest. A dose of castor oil and turpentine, undoubtedly, costs far less than any of the others. Next to it comes the kousso, which has as rapidly fallen in price as it has in general estimation. The kameela is, as yet, rather expensive, though not nearly so much so as the fern oil. A full dose of the last costs eight-pence, of the kameela about four-pence, of the kousso three-pence, and of the turpentine and castor oil not more than three-halfpence.

Kuchenmeister, in his *Manual on Parasites* (Sydenham Society's edition), writes of the oil of turpentine as follows: "As has already been remarked, the touchstone of a remedy for tapeworm is not whether it expels *bothriocephalus latus* or *tœnia solium*, but whether it is also capable of effecting this with *t. medio-canellata*. That oil of turpentine is efficacious in the latter case I can prove at any time; for the finest specimen of *tœnia med.* that I ever saw was expelled by it. In general also it acts pretty rapidly. Lastly, it has also the advantage that it expels the worm entire." Of the kousso he writes: "For my part, I have always been more or less unlucky with this remedy. . . I have generally seen the worm expelled in innumerable fragments. . . . I have never found the head. In one case I detected fragments in the evacuations for three months." Professor Martius, of Erlangen, who also has used kousso largely, never saw the head brought away. Of the male fern, Kuchenmeister states: "This remedy, which will always maintain its renown against the *bothriocephali*, appears hardly to maintain its reputation with regard to tænia." The kameela he had of course not tried.

Of the desirability of having the intestinal canal as empty as may be before giving anthelmintics, most practitioners are aware. To administer them fasting in the morning is usually thought sufficient, but in cases where difficulty has been encountered in destroying the animal it may be well, as an introductory measure, to give a sharp purgative.—*Med. Times and Gaz.*, Nov. 6th, 1858.

---

20. *Hysteric Condition of Joints.*—Mr. BARWELL read before the Medical Society of London (Nov. 15, 1858) a paper on this subject. These affections, the author observed, are not rare, especially amongst the more luxurious classes, and they have often been mistaken for actual joint diseases, when blisters and issues, increasing the evil have been applied, or even more heroic and disastrous treatment adopted. It must be confessed that the literature of the subject, and the cases collected, are meagre and unsatisfactory, and, therefore, this paper is intended to present a concise, yet detailed sketch of the disease, and of some new points in its treatment.

Although in a malady so Protean as hysteria, no short description of invariable symptoms can be given, yet two peculiarities may be fixed upon as especially characteristic; and these are, the absence of the ordinary signs of inflammation, and "anomaly." One may be inclined to add to these symptoms, the hysteric condition; yet, though such condition is present in many cases, it is in others quite absent, or so slightly marked as hardly to exceed the ordinary mobility of the feminine character. When hysteria breaks out in the paroxysm, it is usually sated by that manifestation, and produces no such serious effects as a pseudo malady; indeed, the imitative tendency of hysteria is often checked by a regular fit, and a simulated disease may occasionally thus end; but, in other cases, the imitation may continue uninterrupted by any other hysteric symptom, and we are then thrown for our diagnosis upon a purely local investigation. Let us first take the knee, as the more frequently affected joint. The pain is, in some cases, so severe as to make the patient hold her leg constantly semi-flexed and immovable; in other cases, it is so slight that the patient, though complaining, walks about. The pain is not in direct, but rather in inverse, ratio with any other hysterical symptom. It may be increased at the menstrual period. It is generally referred to a spot on either side of the ligamentum patellæ, and is increased on the slightest touch at this spot, but especially if a piece of the subcutaneous fat here situated be pinched. In other cases, the tenderness is spread over a larger space, but is always superficial. The articulating surfaces are not tender; they may be forced together, by pressing the foot upward, without producing pain. In the severer cases, when the knee is kept fixed, the surgeon, if he attempt to change its position, will feel the muscles of the limb thrown into strong action. A striking characteristic is the absence of heat about the affected joint—it feels quite as cool, and sometimes, the author is inclined to think, even cooler than the other. Swelling, in any marked degree, is absent in cases of knee-joint disease; if measurements be taken, the swelling will be found greater than is ordinarily supposed; but the hysteric knee, when not inflamed by irritant treatment, is seldom swollen, and never more than about three-quarters of an inch. The swelling is tegumentary merely; the healthy parts may be felt beneath.

When the disease affects the hip, it is, by a skilful eye, even more easily detected. When the patient is lying down, the limb is drawn up, the knee bent, and there is great superficial tenderness over the whole haunch, hip, and thigh, but no pain on pressing the articular surfaces together from the heel upwards; if the joint be not moved, there is no greater heat on that side than on the other. If the surgeon, by perseverance, get his patient to stand, he will observe a marked twisting of the pelvis, in part an imitation, in part exaggeration, of the position assumed in hip disease. The glutei may be felt in strong action, and the nates, instead of being flat, on that side are protuberant. Swelling is hardly to be measured at the hip, because it is surrounded by muscles whose greater or less action must alter the dimensions of the part. That creaking of certain joints which sometimes comes on with puberty may gradually become more fixed, till it settle down into hysteric joint disease; therefore, there sometimes accompanies this malady, a parchment-like crepitation, which is easily distinguished from the crepitus of rheumatic arthritis. Besides these signs, it must be remarked that an hysteric patient has not the worn aspect of one whose cartilages are ulcerating.

Now, the peculiarities of hysteric disease impress upon the local complaint a quality of unreality which requires some examination. It is not to be supposed that these patients willingly deceive their medical attendant, nor that the pain complained of has no real existence; but it is not produced by a local condition —the malady is centric, not eccentric. Hysteria has, perhaps, been too much regarded as the *bête noire* of medicine, connected with an obscure and sometimes undiscoverable menstrual disorder, and, therefore, to be treated with iron and emmenagogues, and such-like medicines. Yet, in truth, though the disease may be originally produced by the circumstances and conditions of woman's life, it soon becomes independent of uterine action or inaction; it becomes a neuropathy which can be called forth by the feelings and imaginings of the patient, who is more or less aware of the power she exercises over her condition, and, believing her sufferings real, is yet delighted to direct them by such mental acts. Thus the malady must be treated on other principles than such as would follow a mere uterine pathology. Great harm is done by the indiscriminate use of steel, ethers, aloes, &c., which are often given when a lower diet and more exercise would much better cure the disease. If, however, the above view be correct, the treatment must rather be directed to the cerebral condition which produces the neuralgia-like pain, and which has the faculty of swaying the disease by its own emotional state; for it must be evident, from that view, that if this emotional state can itself be dominated, the disease will be governed with it; if the patient's faith can be so far mastered as that she shall fully expect to be cured by any given proceeding at a certain time, she *will* be cured by that method at the time specified. The author has tried several means whereby, the patients' confidence having been sufficiently gained, he could call away their attention from the part affected *to some distant spot*, in which a disorder working its own cure had been artificially produced. Of all such means, a seton seems in most instances the best; this is to be made of a single ligature (silk) set in at a distance from the affected joint, and embracing only a small portion of skin. The placing of a seton is sufficiently painful and like a surgical operation to attract strongly the patient's attention, and yet not so much so as to be cruel or greatly repugnant to her feelings. Another advantage is that, besides a distinct beginning, it has a certain end, which the patient is to watch; and if she believe, as can well be managed, that as the seton works through the skin she will get better, and when it comes quite away she will be well, the result is certain to follow her belief. Mr. Barwell read several cases which he had thus treated, and quoted in support a case in which Mr. Hancock, by giving a patient thus affected chloroform, and performing a mock operation, had produced a cure. He observed, in conclusion, that the most essential points were—to be quite certain in the diagnosis, to master the confidence of the patient, and to place the seton or other agent at a sufficient distance from the part affected.—*Lancet*, Nov. 20, 1858.

21. *Pathology of Rheumatism.*—Dr. FRANCIS T. BOND analyzes (*Midland Quarterly Journal*, April and July, 1858) the prevailing doctrines regarding the intimate nature of rheumatism, and objects, with regard to the lactic-acid theory, which may be said to be the one most generally prevailing at present—1. That lactic acid has not been shown to be in excess in the blood of rheumatic patients; 2. That, even supposing it to be present in excess, it would be difficult to trace the connection between this circumstance and the exudations in and about the different fibrous structures of the body; 3. That other acids being in excess in the secretions, and therefore possibly in the blood, they may be as much the cause of the phenomena as lactic acid; 4. That, in regard to the theory attributing the disease to suppression of the cutaneous excretions, it is doubtful whether it is preceded by greater suppression than the prodromata of all inflammatory diseases bring with them; and 5. That the extreme tendency to sweating which occurs during an acute attack of the disease may be much better explained by another theory.

In order to establish a theory of rheumatism, Dr. Bond next analyzes the phenomena of the disease, and finds that fatigue, exposure to cold, mental emotions, or some other depressing agent, exercise a paramount influence in its production; febrile symptoms making their first appearance, followed by local affections in some fibrous tissue. A hyperinotic condition of the blood exists from the first, and the excessive fibrin having a special affinity for the fibrous structure, is specially deposited in and about them; hence the joints and the valves of the heart become the chief seats of the local affection. The preference shown in different cases for particular joints depends upon their greater weakness, or upon their labouring under some abnormal condition, upon the principle enunciated by Mr. Paget, that the depressed nutrition of a joint makes it more liable than any other part to be the seat of inflammation excited by the diseased blood. Dr. Bond's theory, then, reverses the order in which the different constituents of the diseases are commonly supposed to stand. Instead of regarding the hyperinosis merely as an effect of the reaction of the local disease upon the system at large, he considers it to be the primary source of the exudation, the causative agent of the latter, without which it could never exist. The increase in the urinary and cutaneous secretions, and the greater amount of urea, uric acid, lactic, phosphoric, and other acids in them, the author attributes to the metamorphosis of the fibrin; these substances being the products of the degradation of fibrinous matter, "the relations of urea and uric acid to highly nitrogenized matters—as exhibited by the experiments of Lehmann, by the recent manufacture of urea by oxidizing albuminous substances by M. Béchamp, and by the general excess of these excreta in the hyperinotic states of the blood, combined with that of lactic acid, to the muscular juice as determined by the researches of Liebig—amply corroborate this statement as far as these three bodies are concerned; the others, from the smallness of their amount, may be put out of consideration."

Dr. Bond considers the sources of an excess of fibrin in the system to fall under